



STATE OF NEW MEXICO
SECOND JUDICIAL DISTRICT COURT

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TRANSCRIPT REQUEST FORM

Date of Request: _____
Requesting Party: _____
Address: _____
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REQUESTED PROCEEDINGS

Date(s) of Proceedings: _____
Type of Proceedings:
(Motion, Witness, etc) _____
Judge: _____
Case Number: _____
Case Caption: _____
Date Needed: _____
Public Defender Contract: Yes _____ No _____
PO # if Applicable: _____

Assigned Reporter: _____

Date of Notice: _____

A deposit may be required before work on this transcript begins. Full payment is due upon receipt of the completed transcript.
Should the case be settled or you find that the transcript is no longer necessary, please inform our office as soon as possible.
Requesting parties will be responsible for the payment of the portion of the transcript completed at the time of notification.